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	1-Photo Uploaded		
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	52812L , INC	( ) ) Non-INC ( ) "	
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Policy No: (. ) Period  Confirmed by 1 '(		) Cover Type: (	)
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( ) Total Loss Case   to e-mail Insurer !			
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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number

Contact Number

**EMail Address** 

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	05/12/2017 13:17
Date Of Accident	02/12/2017 19:30
xact Location Of Accident	LAVENDER STREET
Country/State of Loss	SINGAPORE
December 1	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SLL4496X
nsured/Policyholder	
Name Of Registered Owner	QUALITY LEASING PRIVATE LIMITED
Co Reg No	201312796G
Email Address	RASHIDLAZAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93364464
Alternative Phone No	OFFICE-93364464
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA5
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088407699
Cover Note Number	
Driver	
Name of Driver	ABDUL RASHID BIN LAZAN
NRIC No	S1653799C
Date Of Birth	05/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1984
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93364464

OTHERS-93364464

RASHIDLAZAN@GMAIL.COM

Address

BLK 689B WOODLANDS DRIVE 75

#04-98

Postcode

732689

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SFJ2812L

Vehicle Make/Model/Colour

**Details Of Properties** 

NG KAM CHEE

Name of Driver NRIC/Passport Number

S0024292F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

Email Address

### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Oriver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary Investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:

LTI

- (I) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's S Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 4/12/2017

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 3rd december 2017 at about 7.30 pm, I was at the junction of
Lavencier street traffic light. I had stopped at the traffic junction for about
I minute waiting for the traffic light to then green, while waiting for
the light to turn green, suddenly a toyota car knock the bumper of
my car. I got out of my car and immediately took pictures of the
accident and the driver's Ic. There was no injury on me and the car
(Toyotar) driver but the rear youmper of my car was damaged. The driver
of the Toyota car told me to claim his insurance for the damage on me
cav.

DECLARATION

I/We declare the foregoing to tichling we true in every respect,

Policyholder's Signature Date & Time: Priver's Signature
(If driver is not the policyholder)
Date & Time: 4/12/2017

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

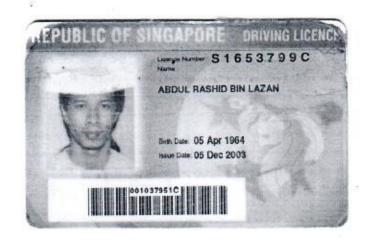
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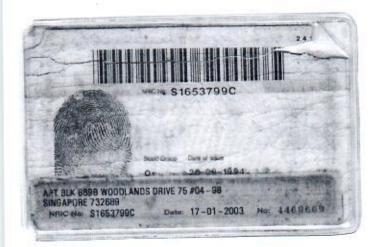
# AGCIDENT STATEMENT

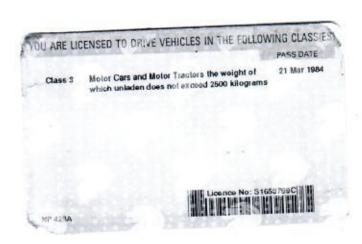
ACCIE	ENT DATE: (02 / 12 / 2017	FI(DD/MM/YYYY), T	IME: 1930	) (HH:MM)
LOCA	ION: Lavender stree	<u>t</u>	•	
1	DETAILS OF VEHICLE			0.00
19	a) VEHICLE NUMBER: SLL	-4496X	E CONTRACTOR OF THE CONTRACTOR	4
	b)INSURANCE COMPANY:			
	CIPOLICY NUMBER: 5	088407699	THEADAICS HEREN	87 2002220
	d)POLICY TYPE: (COMPREHE)	NSIVE / THIRD PARTY	/ THIRD PARTY	FIRE &THEFT)
	e)MAKE & MODEL: COW	PULL AN LIGRRY	MOTORCYCLE	(OTHERS)
	g) VEHICLE CATEGORY: PRIV	ATEN COMMERCIAL	/MOTORCYC	LE)
	HIPURPOSE OF USING AT ACC			***************************************
	I) ARE YOU CLAIMING UNDER			
92	IF NO, PLEASE STATE THIRD			74
2	INSURED / POLICY HOLDER			
	ANAME QUALITY LEA	sing private l	_CONTACT:	/ FEMALE)
	b) NRIC/FIN/PASSPORT:	WEALTH LAN	E	
	. #LOT 57.	3149554		
20 20	* CONTINUE TO 3,d IF DRIVER	ALSO POLICY HOLD	DER	
tho of passenge	DRIVER	20114700		6 500000
(Including diriver)	GINAME: ABOUL RASHID	BIN LAZAN	(MALE	/ FEMALE
(1)	DINKIC/PHY/PAGOTUKII 3 10	53 199C	CONTACT: 9	75
(3)	CIADDRESS: 6898 . # C	4-98. W0004	AND DAVE	12
	*d) DATE OF BIRTH: (05 /04	11964 JOD/MI	M/YYYY)	1
, a	PLOCCUPATION: (INDOOR /	OUTDOOR) .		
	1) DATE OF DRIVING LICKE	CE .05/12/00	NO COMPANY	(VERY NO)
4,	WAS DRIVER AN EMPLOYED IF NO, RELATIONSHIP OF	FOR THE INSURED	INSURED: 4	IRER
5	a) WEATHER CONDITION (CL	EARY RAINING / OT	THERS	
-	b)ROAD SURFACE: (DRY) W	ET OTHERS		
6,	WAS ANYBODY INJURED (YES	(NO)		W R
. 7.	a) REPORTED TO POLICE (YES	(NO)	200	
p	IF YES, PLEASE STATE WHICH THIRD PARTY VEHICLE	HOUGE STATION!		and the second second
No of passenger	a) VEHICLE NUMBER: SFJ	2812 L	MODEL: TOY	OTA
the of physicing at	BI DRIVER'S NAME: NG	KAM CHEE		
, induding ariver)	C NRIC/ENH/PASSPORTISE	0024292F	_CONTACT:_	
(1) 9.	THIRD PARTY VEHICLE		P1042022 247	*
t No of passinger	d) VEHICLE NUMBER:		_MODEL:	9 52
	e) DRIVER'S NAME:	White a	CONTACTIL	
- monday ariva	1) NKIC/FIN/FASSFORII			
()	**		D# 011	273

email = rashidlazan@gmail.com











# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS, MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS, ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (N	ATION) RULES, 1960
Certificate Number: 5088407699	Cover : drivo CLASSIC
1. Index mark and Registration Number of Vehicle	: SLL4496X

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: JM6CR10F280304367

: 07 Mar 2017 : 06 Mar 2018

: QUALITY LEASING PRIVATE LIMITED

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered Inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

: S\$2,000
: S\$1,500
: 5\$100
: N/A
: PLEASE REFER OVERLEAF
DP : NO
: YES
: NO
: NO
: NO
: N/A
: N/A
: N/A
: DICKSON CAPITAL PTE LTD
: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: DICKSON AUTO AGENCY (00000614645)

Date of Issue

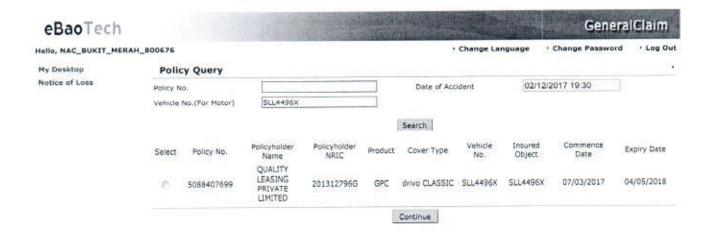
: 08 Mar 2017 15:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5088407699	Policyholder Name	QUALITY LEASING PRIVATE LIM	Policyholder NRIC	201312796G
Address	317 OUTRAM ROAD #02-39 CC	NCORDE SHOP	PING CENTRE SINGAPORE 16907	5	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	08/03/2017	Effective Date	07/03/2017 00:00	Expiry Date	04/05/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL	GST Flag	Υ
Flag Open	No				
Policy Info Certificate Info					
Policyh	older Mailing Address				
Address 1	317 OUTRAM ROAD	Address 2	#02-39 CONCORDE SHOPPING	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Jnit No.	Lot-57	Related Policy Number	5096451898		
<b>▶</b> Insured	Object: SLL4496X				
	ements				
Sequence	Date of Endorsement	Endorse	ment Type Endorsemer	nt Status	Endorsement Content
i	03/11/2017 00:00	POI Extensio	on/Shorten Endorsement Take	e Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 07 Mar 2017 TO 04 May 2018 In view of this amendment, an additional premium of \$259.43 (inclusive) of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the

#### Claim Handling Accident MT/0972601 GST Registration No. SLL4496X 5088407699 Vehicle No. Policy No. Policyholder NRIC Policyholder Name QUALITY LEASING PRIVATE LIMITED Loading Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Contact No.(Home) Contact No.(Office) Contact No.(Mobile) 93364464 eCode Email Address Special Remark @ No Yes TCA @ No □ Yes eCode Reason NCD Entitlement(%) NCD Protection No Accident Details Accident Report Within 24 hrs Accident Type 06/12/2017 15:04 Report Date Country of Accident Singapore Date of Accident 02/12/2017 Time of Accident hh:mm 19:30 Orange Force ICM No. Reporting Centre LAVENDER STREET Accident Location □ Benefits 0.00 Windscreen Excess Additional Excess Own damage Excess 2,000.00 Outside Singapore OD Excess 2,000.00 Unnamed Driver Excess 1,500.00 Outside Singapore TP Excess 1,500.00 GST Registered Information **GST Registered** GST Registration Date GST Status Verified No **GST Registration No.** Modification History 317 OUTRAM ROAD #02-39 CONCORDE SHOPPING Address 3 Address 2 Address 1 Post Code Address Type Singapore address Address 4 Related Policy Number 5096451898 Unit No. Lot-57 OI Driver Info Unnamed Driver Unnamed Driver Driver Type **Driver Name** Driver DOB ABDUL RASHID BIN LAZAN Driver NRIC S1653799C Unnamed driver Name Driving Experience Driver Age 53 Register Date of Driver License 21/03/1984 Contact No.(Mobile) 93364464 Contact No.(Office) Contact No.(Home) Address 2 WOODLANDS DRIVE 75 BLK 689B Address 1 Address Type Singapore address Address 4 Unit No. #04-98 Does he own a Singapore Registered car? Yes @ No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test □ Yes @ No Any injury? 0 mg Modification History Claim 001 OD-MX New Claim Type \* Insured Name QUALITY LEASING PRIVATE LIM Contact No.(Office) Contact No.(Mobile) Contact No.(Home) NIL TP Vehicle Number Email Address OI Vehicle Number SLL4495X Name of Preferred Workshop SLL4496X / SFJ2812L ON 2 Dec 2017 Claim Description Preferred Workshop Contact No. Insured Liability \* Not at Fault GIA report Yes Preferred Workshop, Name unknown Preferered Repair Option Require Finalisation Date Received 06/12/2017 15:13 Claim Close Date Date Registered Total Loss but Repaired KRISHNASAMY Report Taken By Print AK letter Save Submit Attachment Claim No. MT/0972601 Accident No Upload Date 06/12/2017 15:15 Ves E No Last Doc. Received. Category \* Confidential Urgency Browse... Clear Please Select

